



Phone: (517)541-5742
Fax: (517)541-5745

Application for Non-Resident Enrollment Schools of Choice / Release For the School Year of 2019-2020

IMPORTANT:

- Completion of this form does not automatically enroll a student in Charlotte Public Schools
- The parent(s) is responsible for contacting the district registrar, completing enrollment papers, supplying immunization records and a certified birth certificate, and any other required information.
- **Please return completed form to Registrar’s Office 1068 Carlisle Hwy, Charlotte, MI 48813**
- Transportation is the responsibility of the parent.

Parent Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Name of School District of Residence: _____

First & Last Name of Child	Current Grade	Grade in Fall	Date of Birth

Name of school district currently Attending: _____

Has the student(s) ever been expelled, suspended from school? ___ No ___ Yes

If yes, please state school, date & reason: _____

Are charges for expulsion pending against the student(s)? ___ No ___ Yes

Has the student(s) been receiving special education services? ___ No ___ Yes (Attach copy of last IEP)

Please state why you would like your child enrolled in Charlotte Public Schools.

Note: The signature of the parent/guardian/student (if over 18 years of age) found below indicates understanding of, and adherence to, the stipulations, and operational aspects of the Schools of Choice application procedures. Further, it is understood that if the parent(s), guardian(s), or student (if over 18 years of age) withholds information or provides false or inaccurate information, the request and approval are immediately null and void.

Signature of Parent, Guardian, or Student (if over 18 years of age)

OFFICE USE ONLY	<input type="checkbox"/> SOC 105 (02)	<input type="checkbox"/> SOC 105C (03)	<input type="checkbox"/> Release (06)
I hereby <input type="checkbox"/> ACCEPT <input type="checkbox"/> DENY the application for enrollment of the above named student(s) to Charlotte Public Schools for the 2019 – 2020 school year.			
_____ Signature of Superintendent or Designee		_____ Date	